SCOIL BHAILE DHUIBH
BALLYDUFF NATIONAL SCHOOL
Ballyduff, Tralee, Co. Kerry, V92 E796
Roll Number: 20478S **Registered Charity Number:** 20124014

Enrolment Form

Please tick which class/classes you are applying for:

Mainstream: ☐ **Autism Class:** ☐

(Please note, to secure a place in an Autism Class, children must have a 'Letter of Eligibility' from the NCSE.)

Student Information	
First Name:	Surname:
Date of Birth:	PPS Number:
Place of Birth:	Nationality:
Spoken Language:	Other Languages Spoken (if any)
Address:	
Eircode:	Religion:
Mother's Name:	Father's Name:
Contact Details	
Mother's Mobile:	Father's Mobile:
Mother's Email:	Father's Email:
Occupation:	Occupation:
In case of emergency, alternative contact details	
Alternative Contact 1	**Alternative Contact 2**
Name:	Name:
Relationship to child:	Relationship to child:
Phone No:	Phone No:
Previous School Details	
Name of Previous School/Preschool (If any)	
Date Started:	Date Finished:

Medical Details	
Family Doctor's Name:	Phone Number:
Does your child have any **medical conditions**? Yes □ No □	
If yes, please give details of medical conditions.	
Does your child have any **allergies**? Yes □ No □	
If yes, please give details of allergies.	
Is your child on any **medication**? Yes □ No □	
If yes, please give details.	
Additional Needs	
Has your child attended or been referred to any support services? Yes □ No □ Please tick all that apply. □ Speech and Language Therapist □ □ Occupational Therapist □ Psychologist □ CAMHS □ Other If other, please specify: _____	Please give further details and provide a copy of any reports or supporting documentation.
Please provide any other useful information	

Tick to acknowledge you have read the following points:

□ All pupil information will be recorded on the P.O.D. (Pupil Online Database)

□ In the event of medical emergency where we cannot be contacted, we give permission for our child to be transported to a hospital/doctor as necessary.

□ By enrolling our child in the school, we agree to abide by our school policies, including the Code of Behaviour.

□ We consent for our child to participate in school outings such as tours, Nature Walks, Fieldwork, Swimming, School Sports events etc.

□ We consent to our child being photographed for school events.

□ Where necessary, a guardianship information form will be filled in.

Parents'/Guardians Signature(s)

Name: _____ Relationship to Child: _____ Date: _____

Name: _____ Relationship to Child: _____ Date: _____